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SERIAL NUMBER 10/006,009	FILING DATE 12/04/2001 RULE	CLASS 435	GROUP ART UNIT 1634	ATTORNEY DOCKET NO. 5189US	
APPLICANTS Bob van Gemen, Almere, NETHERLANDS; Eveline Catherina A. C. Timmermans, 's-Hertogenbosch, NETHERLANDS; Anthonij de Ronde, Amsterdam, NETHERLANDS; Irene Johanna M. Dobbelaer, Rosmalen, NETHERLANDS; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** EUROPEAN PATENT OFFICE (EPO) 00204322.2 12/04/2000 EUROPEAN PATENT OFFICE (EPO) 01202168.9 06/06/2001 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/07/2002					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY NETHERLANDS	SHEETS DRAWING 22	TOTAL CLAIMS 46	INDEPENDENT CLAIMS 4
ADDRESS 24247 TRASK BRITT P.O. BOX 2550 SALT LAKE CITY , UT 84110					
TITLE METHOD OF DETERMINING THERAPEUTIC ACTIVITY AND/OR POSSIBLE SIDE-EFFECTS OF A MEDICAMENT					
FILING FEE RECEIVED 1722	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)		

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